



## NOTICE OF EFFECTIVE FILING

**TO:** PROGRAMS DIVISION 66  
Kathleen Ott  
**DATE:** April 1, 2021  
**FROM:** Angela Caraballo  
**PHONE:** 718 250-1732

**PROGRAM:** COMMERCIAL PROPERTY  
Form attaches to ISO's Building and Personal Property Coverage Form - CP 00 10

**CONTENTS:** Cyber Incident Exclusion for Property Program Performance - 128429 (1-21)  
  
Cyber Incident Exclusion With Ensuing Cause(S) Of Loss Exceptions for Property Program Performance - 128430 (1-21)  
  
Rule Page For Property Program Performance - P3-CP-CW-RU (1-21)

**STATE:** OREGON

**EFFECTIVE DATE:** April 24, 2021

**MODIFICATIONS:** None

**COMMENTS:** None

**COMPANY(IES) EFFECTIVE:**  
☒ GRANITE STATE INSURANCE COMPANY  
☒ ILLINOIS NATIONAL INSURANCE CO.  
☒ NEW HAMPSHIRE INSURANCE COMPANY

**FILING NUMBER: AIG-21-CP-02**









Tracking Number:

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**Add Authors****Update****Create Reminder****Move to Workfolder****PDF Pipeline****Clone Filing****Oregon**[View General Instructions](#) [View Filing Log](#) This Filing has been marked as public access.**Product Name:** Cyber Incident Exclusions / 151-640-288**SERFF Tr Num:** AGNY-132762504**SERFF Status:** Closed-Approved**TOI:** 01.0 Property**State Tr Num:** AGNY-132762504**State Status:** Review completed**Sub-TOI:** 01.0001 Commercial Property (Fire and Allied Lines)**Co Tr Num:** AIG-21-CP-02**Co Status:****Filing Type:** Form/Rule**Date Submitted:** 03/24/2021**Disposition Date:** 03/30/2021**Effective Date Requested (New):** 04/24/2021**Authors:** Angela Caraballo**Effective Date Requested (Renewal):** 04/24/2021

General Information		Form Schedule	Rate/Rule Schedule	Supporting Documentation	State Specific	Companies and Contact	Filing Fees	Filing Correspondence			
Form Count: 2											
Item No.		Schedule Item Status	Form Name *	Form Number	Edition Date	Form Type *	Action *	Action Specific Data	Readability Score	Attachments	Submitted
1		Approved 03/29/2021	CYBER INCIDENT EXCLUSION For Property Program Performance	128429 (1-21)		END	New			 <a href="#">128429 (1-21) Cyber Incident Exclusion (PROP PROG PERF).pdf</a>	Date Submitted: 03/24/2021 By: Angela Caraballo
2		Approved 03/29/2021	CYBER INCIDENT EXCLUSION WITH ENSUING CAUSE(S) OF LOSS EXCEPTIONS For Property Program Performance	128430 (1-21)		END	New			 <a href="#">128430 (1-21) Cyber Incident with Ensuing COL Excep (PROP PROG PERF).pdf</a>	Date Submitted: 03/24/2021 By: Angela Caraballo
Form Type Legend:											
<div><div><ul style="list-style-type: none"><li>• <b>ADV</b> = Advertising</li><li>• <b>BND</b> = Bond</li><li>• <b>CER</b> = Certificate</li><li>• <b>DSC</b> = Disclosure/Notice</li><li>• <b>END</b> = Endorsement/Amendment/Conditions</li><li>• <b>PCF</b> = Policy/Coverage Form</li></ul></div><div><ul style="list-style-type: none"><li>• <b>ABE</b> = Application/Binder/Enrollment</li><li>• <b>CNR</b> = Canc/NonRen Notice</li><li>• <b>DEC</b> = Declarations/Schedule</li><li>• <b>ERS</b> = Election/Rejection/Supplemental Applications</li><li>• <b>OTH</b> = Other</li></ul></div></div>											
Icon Legend:  - Draft Schedule Item  - Open Objection											

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InformationForm  
ScheduleRate/Rule  
ScheduleSupporting  
DocumentationState  
SpecificCompanies  
and ContactFiling  
FeesFiling  
Correspondence The rate schedule has been marked public access.**Add Rate Data?** Yes**Filing Method:**

Prior Approval

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

%

**Effective Date of Last Rate Revision:****Filing Method of Last Filing:**

N/A - New Endorsement



**SERFF Tracking Number of Last Filing:**



## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Granite State Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
Illinois National Insurance Co.	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %
New Hampshire Insurance Company	0.000 %	0.000 %	\$0.00	0	\$0.00	0.000 %	0.000 %

Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing:</b>	<b>0.000 %</b>
<b>Overall Percentage Rate Impact For This Filing:</b>	<b>0.000 %</b>
<b>Effect of Rate Filing-Written Premium Change For This Program:</b>	<b>\$ 0</b>
<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>0</b>

Item No.	Schedule Item Status	Exhibit Name: *	Rule# or Page #:	Rate Action: *	Previous State Filing Number:	Attach Document:	Submitted:
1	 Reviewed-No Action 03/30/2021	RULE PAGE For Property Program Performance	P3-CP-CW-RU Ed. 1-21 Pages 1 & 2	New		 <a href="#">Cyber Proprietary Form Rule (PROP PROG PERF) 1-21.pdf</a>	Date Submitted: 03/24/2021 By: Angela Caraballo

**Icon Legend:**  - Draft Schedule Item  - Open Objection

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## Disposition for AGNY-132762504

## Filing at a Glance

<b>State:</b> Oregon	<b>SERFF Tracking Number:</b> AGNY-132762504
<b>TOI:</b> 01.0 Property	<b>State Tracking Number:</b> AGNY-132762504
<b>Sub-TOI:</b> 01.0001 Commercial Property (Fire and Allied Lines)	<b>Company Tracking Number:</b> AIG-21-CP-02
<b>Filing Type:</b> Form/Rule	<b>Product Name:</b> Cyber Incident Exclusions / 151-640-288
<b>First Filing Company:</b> Granite State Insurance Company ,...	<b>Project Name:</b> Cyber Incident Exclusions - ISO & Property Program Performance Endorsement
	<b>Destruction Date:</b>

**Disposition Date:**

03/30/2021

**Effective Date (New):**

04/24/2021

**Effective Date (Renewal):**

04/24/2021

**Status:** \*

Approved

**Comments:**

Department of Consumer and Business Services  
Division of Financial Regulation - Product Regulation - Rates and Forms

Invitation to Comment on Quality of Service from the Division of Financial Regulation

We strive to provide excellent customer service at all times and invite you to provide written comment regarding your filing experience.

Instructions for submitting a filing are on our website at <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Pages/rates-forms.aspx> or contained within SERFF under the Filing Rules tab. Filings that contain errors may be returned without having been accepted for review. Filing errors that are considered include; form numbers that do not match, forms attached under the wrong tab, or missing required documents. If we allow the company to correct a filing error it must be corrected within 24 hours or the filing will be rejected for no response.

If we contact you about compliance-related issues or corrections that need to be made to your filing, we must receive your complete response within 10 calendar days.

Any disapproval for reasons other than filing errors must be supported by our product standards. If you believe we have failed to meet our performance objectives or you believe we have provided outstanding performance, please let us know. We value your comments and will use this information to improve our service.

You may request that your comments be kept confidential; however, be aware that confidential feedback limits our ability to follow up, as your concerns cannot be shared with staff. If you are not requesting confidentially, please include the SERFF or state tracking number with your comments.

Please explain if the Division met its objective. Was your experience positive?

## Comments:

Thank you,  
 Tashia Sizemore  
 Division of Financial Regulation  
 Insurance Product Regulation and Compliance - Life and Health  
 E-mail: tashia.sizemore@oregon.gov  
 Telephone: 503-947-7270  
 Fax: 503-378-4351

Brian J. Fordham  
 Division of Financial Regulation  
 Insurance Product Regulation and Compliance - Property Casualty  
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Company Rate Information							
Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Granite State Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							
Illinois National Insurance Co.	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							
New Hampshire Insurance Company	0.000 %	0.000 %	\$ 0	0	\$ 0	0.000 %	0.000 %
Change Period for Approved Rate:							

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing:	0.000 %
Overall Percentage Rate Impact For This Filing:	0.000 %
Effect of Rate Filing-Written Premium Change For This Program:	\$ 0
Effect of Rate Filing - Number of Policyholders Affected:	0

Schedule Items			
Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Third party filers letter of authorization	Not Applicable to filing	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	3618 Standards for Monoline and Package Property	Not Applicable to filing	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Not Applicable to filing	Yes
Supporting Document	Form Listing	Reviewed-No Action	Yes
Form	128429 (1-21), [No date], Endorsement/Amendment/Conditions, CYBER INCIDENT EXCLUSION For Property Program Performance	Approved	Yes
Form	128430 (1-21), [No date], Endorsement/Amendment/Conditions, CYBER INCIDENT EXCLUSION WITH ENSUING CAUSE(S) OF LOSS EXCEPTIONS For Property Program Performance	Approved	Yes
Rate	RULE PAGE For Property Program Performance, P3-CP-CW-RU Ed. 1-21 Pages 1 & 2	Reviewed-No Action	Yes